

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS565HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2009
NAME OF PROVIDER OR SUPPLIER HEALTHSOUTH REHABILITATION HOSPITAL OF LAS		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 S VALLEY VIEW BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 21994</p> <p>This Statement of Deficiencies was generated as a result of a State licensure focus survey and complaint investigation conducted in your facility on 9/15/09 and finalized on 9/18/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00022869 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 201 SS=F	<p>NAC 449.3395 Sanitary Conditions and Supplies for Food</p> <p>1. A hospital shall store, prepare, distribute and serve food under sanitary conditions. This Regulation is not met as evidenced by: Surveyor: 21994</p> <p>Based on observation and interview the facility failed to ensure sanitary conditions in the food</p>	S 201		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 201	Continued From page 1 preparation area of the kitchen. On 9/15/09 a blackish liquid was observed coming from a floor drain in the kitchen food preparation area. Severity: 2 Scope: 3	S 201			
S 265 SS=C	NAC 449.352 Social Services 1. A hospital shall have effective written policies and procedures for the provision of social services by the hospital staff. This Regulation is not met as evidenced by: Surveyor: 27286 Based on interview and record review the facility failed to have written policy and procedures regarding the provision of social services by hospital staff. Severity: 1 Scope: 3	S 265			
S 266 SS=C	NAC 449.352 Social Services 2. Social services must be provided or supervised in accordance with chapter 641B of NRS by a professional, qualified social worker who is appropriately trained and has adequate experience to meet the social and emotional needs of the patients and their families. If the social worker does not have the educational and experiential requirements of a qualified social worker, an ongoing plan for consultation between the social worker and a qualified social worker must be developed. This Regulation is not met as evidenced by: Surveyor: 27286 Based on interview, and record review, the facility failed to provide a qualified social worker to meet	S 266			

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S 266	Continued From page 2 the needs of the patients and their families. Severity: 1 Scope: 3	S 266		
S 300 SS=D	NAC 449.3622 Appropriate Care of Patient 1. Each patient must receive, and the hospital shall provide or arrange for, individualized care, treatment and rehabilitation based on the assessment of the patient that is appropriate to the needs of the patient and the severity of the disease, condition, impairment or disability from which the patient is suffering. This Regulation is not met as evidenced by: Surveyor: 21994 Based on observation, interview, and record review the facility failed to ensure an assessment appropriate to the patient's needs and the severity of the disease and/or condition was conducted for 1 of 18 patients (Patient #10). Severity: 2 Scope: 1	S 300		
S 325 SS=D	NAC 449.3628 Physical Restraint Use 5. The governing body shall ensure that the use of any physical restraints on a patient is initiated only pursuant to a physician's order or protocols approved by the medical staff and the hospital administration. This Regulation is not met as evidenced by: Surveyor: 21994 Based on observation, interview and record review the facility failed to ensure physician's	S 325		

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S 325	Continued From page 3 orders were obtained prior to initiating physical restraints for 2 of 18 patients (Patients #7 and #13). Severity: 2 Scope: 1	S 325			
S 329 SS=D	NAC 449.3628 Physical Restraint Use 6. If the use of physical restraints is permitted pursuant to approved protocols, the approved protocols must include: (d) A requirement that a verbal or written order of the physician be obtained and entered into the medical record of the patient This Regulation is not met as evidenced by: Surveyor: 21994 Based on observation, interview and record review the facility failed to ensure verbal or written physicians' orders were obtained and entered into the patient's record for 2 of 18 patients (Patients #7 and #13). Severity: 2 Scope: 1	S 329			
S 331 SS=D	NAC 449.3628 Physical Restraint Use 7. Organizational policies and procedures, protocols, physician's orders and the individual needs of a patient must be used to establish the frequency, nature and extent of monitoring of a patient upon whom physical restraints are being used. This Regulation is not met as evidenced by: Surveyor: 21994 Based on observation, interview and record review the facility failed to ensure monitoring a patient in physical restraints was conducted	S 331			

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S 331	Continued From page 4 according to facility policy for 2 of 18 patients (Patients #7 and #13). Severity: 2 Scope: 1	S 331			
S 340 SS=B	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 27286 Based on record review the facility failed to ensure that 4 of 17 medical staff were in compliance with NAC 441A regarding tuberculosis surveillance. (Employees #9, #12, #14 and #17. Severity: 1 Scope: 2	S 340			
S 521 SS=D	NAC 449.379 Medical Records 8. All medical records must document the following information, as appropriate: (c) The results of all consultative evaluations of the patient and the appropriate findings by clinical and other staff involved in caring for the patient. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review and staff interview, the facility failed to complete and/or document consultations in a timely manner for 2 of 18 patients (Patients #7 and #18). Severity: 2 Scope: 1	S 521			

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S 524 SS=E	<p>NAC 449.379 Medical Records</p> <p>8. All medical records must document the following information, as appropriate: (f) All orders of practitioners, nursing notes, reports of treatment, records of medication, radiology and laboratory reports, vital signs and other information necessary to monitor the condition of the patient. This Regulation is not met as evidenced by: Surveyor: 26251</p> <p>Based on record review and staff interviews, the facility's staff failed to document information that established the initiation of and clear reasons for contact isolation for 6 of 18 patients (Patients #6, #9, #10, #15, #16, and #17).</p> <p>Severity: 2 Scope: 2</p>	S 524		

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